Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasu	y
Internal Revenue Service	-

A	For the	e 2022 calendar year, or tax year beginning and	ending		
	Check if applicabl	e: C Name of organization		D Employer identified	cation number
	Addre				
	Name Chang	e Doing business as	20-26454	89	
	Initial		Room/suite		
	Final return/		104	(808) 548	
_	termin ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	4,027,003.
	return HONOLOLO, HI 96817			H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: KIAN CATALANT		for subordinates	
	Tax av	Image: Same as c above empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	H(b) Are all subordinates in	
	Websit			H(c) Group exemption	list. See instructions
_		organization: X Corporation Trust Association Other	I Year		State of legal domicile: HI
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: \underline{TO} H	ELP HO	MELESS AND I	LOW-INCOME
Governance		FAMILIES IN HAWAII ACHIEVE SUSTAINABLE IN			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3				8
		Number of independent voting members of the governing body (Part VI, line 1b)			8
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			17
Activities &	6	Total number of volunteers (estimate if necessary)			70
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,972,743.	4,024,031.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-977.	-898.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,086.	2,571.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,973,852.	4,025,704.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		166,625.	161,752.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		931,831.	993,381.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ů.	. b	Total fundraising expenses (Part IX, column (D), line 25) 2,85		776,131.	371,562.
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,874,587.	1,526,695.
		Revenue less expenses. Subtract line 18 from line 12		99,265.	2,499,009.
or			B	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,597,451.	4,203,119.
Ass	21	Total liabilities (Part X, line 26)		52,271.	158,930.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		1,545,180.	4,044,189.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, a doo pplete. Dola ation of preparer (oth)r her off cer) is based on a leftor nation both	ni <u>b</u> preparei	^r has any knowledge.	
<u> </u>		Signature of officer		Date	
Sig		ROBERT KEN TYSON III, TREASURER		Duit	
He	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	RODNEY M. HARANO RODNEY M. HARANO		L1/15/23	P00389596
	parer	Firm's name CW ASSOCIATES, CPAS			6-1659234
	Only	Firm's address 700 BISHOP STREET, SUITE 1040			
		HONOLULU, HI 96813		Phone no.80	8-531-1040
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
2320	01 12-1: S	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructio EE SCHEDULE O FOR ORGANIZATION MISSION ST		ΝΤ CONTINUAT	Form 990 (2022)

Form	1990 (2022) FAMILY PROMISE OF HAWAII	20-2645489	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
•	TO HELP HOMELESS AND LOW-INCOME FAMILIES IN HAWAII ACHI	LEVE SUSTAINABI	LE
	INDEPENDENCE BY MOBILIZING EXISTING COMMUNITY RESOURCES		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		d
	revenue, if any, for each program service reported.		
4a		evenue \$)
		TO FAMILY	
	HOMELESSNESS ON OAHU THROUGH VARIOUS PROGRAMS. THE LARCE SHELTER PROGRAM PROVIDING A SAFE PLACE FOR 33 FAMILIES		113
	FAMILY MEMBERS IN 2022. FAMILIES STAYING IN THE SHELTER		
	PROVIDED WARM MEALS FROM COMMUNITY VOLUNTEERS AT 4,410		
4b	(Code:) (Expenses \$400,522. including grants of \$155,271.) (Respense *) (Respen)
	FAMILIES THAT ARE ON THE VERGE OF HOMELESSNESS THROUGH		
	LIVING IN OVERCROWDED ENVIRONMENTS. THROUGH RESOURCE RE		
	LANDLORD MEDIATION, RENTAL ASSISTANCE AND EMPLOYMENT SU	-	
	ABLE TO PREVENT MANY OF THESE FAMILIES FROM EXPERIENCIN		OF
	HOMELESSNESS. WE SERVED 331 INDIVIDUALS, FROM 82 FAMILE	-E9•	
4c	(Code:) (Expenses \$ 397, 197. including grants of \$ 6, 481.) (Ref)	evenue \$)
	THE RAPID REHOUSING PROGRAM PROVIDES SHORT-TERM RENTAL		<u>, </u>
	SUPPORTIVE SERVICES TO ASSIST PEOPLE IN OBTAINING HOUS	· · · · · ·	
	INCLUDING CASE MANAGEMENT SUPPORT FOR THE HOUSEHOLDS EN PROGRAM. WE SUPPORTED 177 HOUSEHOLDS, TOTALING 437 FAM		
	FROGRAM: WE SUFFORIED 1// HOUSEHOLDS, IOTALING 45/ FAM.	LI MEMDERS.	
4d	Other program services (Describe on Schedule O.)		
A -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,122,766.)	
<u>4e</u>	Total program service expenses 1,122,766.	Form 9	90 (2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
20	Enter the number of employees reported on Form $W/2$. Transmittel of W/a and Tay Statements			Yes	No
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		<u> </u>
		no roquirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?		7c		х
d		7d	10		- 23
	It "Yes," indicate the number of Forms 8282 filed during the year	I	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b		N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholdersN/A	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	NT / N	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	<u>13a</u>		
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	126			
~	organization is licensed to issue qualified health plans	13b 13c			
с 14а	Enter the amount of reserves on hand		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<u> </u>
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
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FAMILY PROMISE OF HAWAII

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		. <u>12b</u>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,			
	on Schedule O how this was done		12c	-	
13	Did the organization have a written whistleblower policy?			X	
14			. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	v
b	Other officers or key employees of the organization		15b		X
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ant with -			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		40.		x
F	taxable entity during the year?		<u>16a</u>		
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure			1	I
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(c)(3)s only)	availat	ole
10	for public inspection. Indicate how you made these available. Check all that apply.		0,3 01119)	avana	510
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	ind finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and records			
	RYAN CATALANI - (808) 548-7478				
	245 N. KUKUI ST., SUITE 104, HONOLULU, HI 96817				
232006	12-13-22		Forr	n 990	(2022)
-	6				. /

Part VII	Со	mpensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Em	ployees, and Independe	ent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle:	heck ss pei	more rson i	than o s both r/trus	ı an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SAMANTHA CHURCH FORMER EXECUTIVE DIRECTOR	45.00			x				61,330.	0.	4,791.
(2) RYAN CATALANI	45.00							01,000		
EXECUTIVE DIRECTOR				х				29,167.	0.	1,989.
(3) MICHELLE BARTELL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) SHELLEY ELLWIN	1.00									
SECRETARY	1 00	Х		X				0.	0.	0.
(5) ROBERT KEN TYSON III	1.00			37					0	0
TREASURER (6) JENNIFER DIESMAN	1 00	Х		X				0.	0.	0.
(6) JENNIFER DIESMAN DIRECTOR	1.00	х						0.	0.	0.
(7) JUSTIN PUCKETT	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(8) MATT HARA	1.00									
DIRECTOR		x						0.	0.	0.
(9) CECILY HO SARGENT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GREG SCHLAIS	1.00							0		
DIRECTOR		Х				-		0.	0.	0.
		-				├				
		<u> </u>								
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Form 990 (2022)

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2022.05000 FAMILY PROMISE OF HAWAII 1406.T_1

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	orm 990 (2022) FAMILY PROMISE OF HAWAII 20-2645489 Page 8													
Par	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	t C		· /	—			
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unles	Pos heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on J	an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	;C/	org an	om the anizat d relate anizatio	ion ed
											-+			
 1h	Subtotal								90,497.		0.		6,7	80.
	Total from continuation sheets to Part VI	, Section A	·····	· · · · · · · · · · · · · · · · · · ·					0. 90,497.	000 of reportable	0.		6,7	0.
2	compensation from the organization		056	liste			<i>y</i> wir		ceived more than \$100,		,		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		•	•	-		Ŭ	• •			3	res	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J f	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>										<u></u>	5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	-									oensati	on fro	om	
	the organization. Report compensation for t (A) Name and business			ndir DNE		<u>ith c</u>	or wi	<u>hin</u>	<u>the organization's tax y</u> (B) Description of s		C(((C) nsatio	
			140		-									
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than			000 -	2000
											F	-orm	990 (2	2022)

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and the second of the secon						IS	E OF HAWA	AII		20-2645	489 Page 9
Image: Constraint of the second sec	Pa	rt V	/111	Statement of Reve	enue						
Total revenue Restet or exempt function revenue Invested business revenue Reventee business business revenue Reventee business business revenue Reventee business business revenue Revenue				Check if Schedule O cor	ntains a respor	nse d	or note to any lin		(5)	(2)	
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Bit Membership dusi Ib 30,090. 6 Fundasing events Is 912.141. 1 Is 912.141. Is 4,024,031. 1 Is 912.141. Is 4,024,031. 1 Total.Add lines 1a11 Is 4,024,031. Is 1 Total.Add lines 2a27 Is 4,024,031. Is 1 Total.Add lines 2a27 Is Is Is Is 1 Total.Add lines 2a27 Is Is Is Is Is 1 Total.Add lines 2a27 Is	s s	1	а	Federated campaigns	1a		20,303.				
go g	ran										
go g	S,G Amo		с	Fundraising events			30,090.				
go g	Gift Jar		d	Related organizations	1d						
go g) s, imi				· · – –		912,141.				
go g	utior er S		f			2	061 407				
go g	Oth		~				001,497.				
go g	nor Dar		-					4.024.031.			
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b Less: rental expenses 6b 6c c Rental income or (loss) 6c		6	а	Gross rents 6			() 1 0.001.02				
c Rental income or (loss) 6c											
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b Less: direct expenses 9b Image: Set income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b Image: Set income or (loss) from sales of inventory v Net income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory Image: Set income or (loss) from sales of inventory state Image: Set income or (loss) from sales of inventory Image: Set income or (loss) fro		9	а								
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12 Total revenue. See instructions								4 005 704			1 (72)
								4,043,/04.	U.	U .	Form 990 (2022

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FAMILY PROMISE OF HAWAII Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	161,752.	161,752.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		F1 010	06.065	
	trustees, and key employees	97,277.	71,012.	26,265.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	600 061	F 0 1 0 0 1	106 400	
7	Other salaries and wages	688,261.	501,831.	186,430.	
8	Pension plan accruals and contributions (include	0 400		0 704	
_	section 401(k) and 403(b) employer contributions)	9,436.	6,652.	2,784.	
9	Other employee benefits	123,605.	85,885.	37,720.	
10	Payroll taxes	74,802.	51,826.	22,976.	
11	Fees for services (nonemployees):				
а	Management				
b	F	26.040		06.040	
	Accounting	26,048.		26,048.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		10 070		10 070	
	column (A), amount, list line 11g expenses on Sch 0.)	18,872.		18,872.	1 505
12	Advertising and promotion	4,164. 16,513.	1,328.	2,569. 15,155.	<u>1,595</u> 30
13	Office expenses	10,313.	1,320.	15,155.	30
14	Information technology				
15	Royalties	72,868.	43,874.	28,994.	
16		12,000.	43,0/4.	20,994.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2,661.		2,661.	
22	Depreciation, depletion, and amortization	7,261.		7,261.	
23	Insurance	1,201.		7,201.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	188,491.	187,253.	1,238.	
a h	DEVELOPMENT	17,928.	4,701.	11,975.	1,252
b	MERCHANT SERVICE FEES	7,270.	+,/01.	7,270.	т,404
c d	V77 73 07	6,682.	6,502.	180.	
		2,804.	150.	2,654.	
	All other expenses	1,526,695.	1,122,766.	401,052.	2,877
25 26	Joint costs. Complete this line only if the organization	±,320,033•	1,122,700.		4,011
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

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FAMILY PROMISE OF HAWAII Part X Balance Sheet

20-2645489 Page 11

(A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1,000,632.1 3,307,612. 2 Savings and temporary cash investments 33,323.2 2 536,249. 3 Jaget and grant secwable, net 538,983.4 2 200,754.4 4 Accounts receivable from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family memtor of any of these persons (s defined under section 49580(f1)), and persons described in section 49586(c3)(6) 6 7 Notes and chars receivable, net 7 8 Inventories for state or use 8 9 Prepaid expenses and deterred charges 12,317.9 23,209. 10a 260,478. 8 11 Inventories for state or use 11 12 Inventories for state or use 11 14 Interments - other sectifies. 11 15 Other sectifies. 11 14 10a 2,42,288.6 6,845.10c 15 Total assets. Add lines 11 through 15 finuet equal line 33 1,597,451.1 16 <tr< th=""><th></th><th></th><th>Check if Schedule O contains a response or note</th><th>e to anv lin</th><th>e in this Part X</th><th></th><th></th><th></th></tr<>			Check if Schedule O contains a response or note	e to anv lin	e in this Part X			
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26 Total liabilities. Add lines 17 through 25 52,271.26 158,930. Organizations that follow FASB ASC 958, check here X 1,507,317.27 1,358,733. 27 Net assets with donor restrictions 1,507,317.27 1,358,733. 28 Net assets with donor restrictions 37,863.28 2,685,456. Organizations that do not follow FASB ASC 958, check here 37,863.28 2,685,456. Organizations that do not follow FASB ASC 958, check here 37,863.29 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31				,	'	0.	25	96,279.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 29 31 Retained earnings, endowment, accumulated income, or other funds		26				52,271.	26	158,930.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 29 29 30 31 Retained earnings, endowment, accumulated income, or other funds			Organizations that follow FASB ASC 958, che	ck here	X			
27 Net assets without donor restrictions 1,507,317.27 1,358,733. 28 Net assets with donor restrictions 37,863.28 2,685,456. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 37,863.28 2,685,456. 29 29 29 30 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31	sec							
28 Net assets with donor restrictions 37,863.28 2,685,456. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 20 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31	anc	27	Net assets without donor restrictions				27	1,358,733.
Organizations that do not follow FASB ASC 958, check here	Bal	28	Net assets with donor restrictions			37,863.	28	2,685,456.
uand complete lines 29 through 33.2929Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds31	nd		Organizations that do not follow FASB ASC 95	58, check I	nere			
0 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31	ΓF		and complete lines 29 through 33.					
30Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds31	0 S	29	• • • • •				29	
¥ 31 Retained earnings, endowment, accumulated income, or other funds	set	30	Paid-in or capital surplus, or land, building, or eq	uipment fu	nd		30	
	t As	31			Г			
	Ne					1,545,180.	32	4,044,189.
33 Total liabilities and net assets/fund balances 1,597,451. 33 4,203,119. Form 990 (2022)		33	Total liabilities and net assets/fund balances			1,597,451.	33	

Form 990 (2022)

Form	990 (2022) FAMILY PROMISE OF HAWAII	20	-2645489	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,025		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,526		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,499		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,545	,180	<u>).</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,044	,189	9.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> L</u>	
			`	Yes N	lo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Σ	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	me of the organization Employer identification number									
			LY PROMISE						0-2645489	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ie general j	public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	-	-	-			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that o						-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must c								
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	-							
С		Type III functionally inte						ly integrate	d with,	
		its supported organization		-						
d		Type III non-functionally	• •					•		
		that is not functionally int	0	e ,	•		•	an attentiv	/eness	
		requirement (see instructi		-						
е		Check this box if the orga					Туре I, Туре	II, Type III		
-		functionally integrated, or	•••	nally integrated supporting	ng organiz	ation.			[]	
f		er the number of supported o	•	-1						
<u> </u>		vide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other	
	•	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see ir		support (see instructions)	
				above (see instructions))						
Tota										

Schedule A (Form 990) 2022

FAMILY PROMISE OF HAWAII

20-2645489 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	792,460.	696,132.	2644975.	1972743.	4024031.	10130341.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	792,460.	696,132.	2644975.	1972743.	4024031.	10130341.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						10130341.			
	ction B. Total Support					•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	792,460.	696,132.	2644975.	1972743.	4024031.	10130341.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	564.	624.	229.	23.	17.	1,457.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						10131798.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	11,919.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.99 %			
	Public support percentage from 2021					15	<u>99.95 %</u>			
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2022			

Schedule A	(Form	990) 202
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7

FAMILY PROMISE OF HAWAII

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
~	• • …						
	Total. Add lines 1 through 5					-	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
<u>So(</u>	check this box and stop here	ic Support Par	contago			<u></u>	
	· · · · · · · · · · · · · · · · · · ·					15	07
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	23 12-09-22					Sched	lule A (Form 990) 2022
			15)			

FAMILY PROMISE OF HAWAII

1

2

Yes No

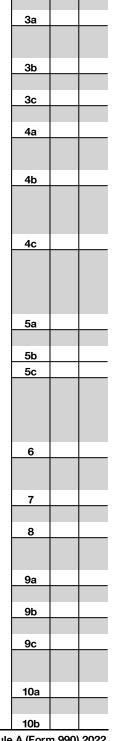
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Schedule A (Form 990) 2022

16

FAMILY PROMISE OF HAWAII

2

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(a)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
		2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

nstructions	S).
15	truction

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-	······································	Describe in a second you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

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17

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

7

instructions).

Schedule A (Form 990) 2022

Part V

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

FAMILY PROMISE OF HAWAII Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				

Schedule A (Form 990) 2022

Current Year

Schedule A	(Form 990) 2022	FAMILY	PROMISE OF	HAWAII	20-2645489 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ride the explanations 4c, 5a, 6, 9a, 9b, 9c, Part IV, Section E, line	required by Part II, lin 11a, 11b, and 11c; P es 1c, 2a, 2b, 3a, and	he 10; Part II, line 17a or 17b; Part III, line 12; lart IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
232028 12-09-2	2				Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20 - 2645489

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

FAMILY PROMISE OF HAWAII

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

20 - 2645489

FAMILY PROMISE OF HAWAII

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>358,431.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$331,045.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>188,094.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>103,535.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form §	990) (2	2022)
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Name of organization

Page 3

Employer identification number

20 - 2645489

FAMILY PROMISE OF HAWAII

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
FAMTL	Y PROMISE OF HAWAII		20-2645489
Part III	Exclusively religious, charitable, etc., contribution		on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	haritable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
			_
		(e) Transfer of gift	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·

Schedule B (Form 990) (2022)

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	al Financial Statements nization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990. 10 for instructions and the latest information	2b.	OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organizat	tion FAMILY PROMISE OF 1	наматт		Employer identification number 20 – 2645489
	cations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds	or Ac	
		(a) Donor advised funds	(b) Funds and other accounts
1 Total number at e	end of year			
	of contributions to (during year)			
	of grants from (during year)			
4 Aggregate value	at end of year			
5 Did the organizat	ion inform all donors and donor advisors in	writing that the assets held in donor advis	ed fund	ls
are the organizati	ion's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6 Did the organizat	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly
for charitable pur	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferri	ng
impermissible pri				Yes No
Part II Conser	vation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.
1 Purpose(s) of cor	nservation easements held by the organization	on (check all that apply).		
	on of land for public use (for example, recrea			rically important land area
	of natural habitat	Preservation o	f a certif	fied historic structure
	on of open space			
	a through 2d if the organization held a qualif	fied conservation contribution in the form	of a cor	
day of the tax yea	ar.			Held at the End of the Tax Year

а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, j	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	•

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2022

Sche		PROMISE OF					20-26			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other	Similar	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	make sig	nificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan or e	exchange progra	ım					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	n's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tr	easures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran				Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributi	ons or other ass	ets not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					lf				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accou	unt liability	y?	🗆	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	ed for the			r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			۹?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm			0	Dent V. P	10				
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	• •	cumulate reciation	d	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements		1	105,500.		05,50				0.
d	Equipment			38,769.		36,76			2,0	
	Other			16,209.	1	00,01	19.		5,1	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	e 10c.)		<u></u>		18	3,1	90.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FAMILY PROI Part VII Investments - Other Securities.	MISE OF HAWAII	2	0-2645489 Page
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(h) De els velve
· · · · · · · · · · · · · · · · · · ·	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
(a) Description of lightlity			(b) Book value
(1) Federal income taxes			
(1) Federal income taxes (2) OPERATING LEASE LIABILIT	TES		96,27
(3)			50,21
(4)			1
(4)			1
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 FAMILY PROMISE OF HAWAII			20-2	2645489	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Witł	n Revenue per Re	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,381,	026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	915.			
b	Donated services and use of facilities	2b	2,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	2, 1,378,	915.
3	Subtract line 2e from line 1			3	1,378,	111.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	2,647,593.			
с	Add lines 4a and 4b			4c	2,647,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,025,	704.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wil	h Expenses per F	leturi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,529,	610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	2,915.			
е	Add lines 2a through 2d			2e	2,	915.
3	Subtract line 2e from line 1			3	1,526,	695.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,526,	695.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

U.S. GAAP REQUIRES UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE
FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON
REGULATORY EXAMINATION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX
POSITIONS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, AND
DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED
TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. THE ORGANIZATION IS SUBJECT
TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCREASE	(DECREASE)	IN NET	ASSETS	WITH	DONOR	RESTRIC	TIONS	2,647	,593.
232054 09-01-22					•			Schedule D (Forn	n 990) 2022
14341115 139	010 1406.т			_	8 .05000	FAMILY	PROMISE	OF HAWAII	1406.T_1

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
OSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	915.
INKIND CONTRIBUTION	2,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,915.
	Schedule D (Form 990) 20

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or	if the	2022
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information			Inspection
Name of the organization								entification number
Part I Fundrais		PROMISE OF HAWAII Complete if the organization answe					20 - 2645	
	complete this part		reu r	es or	Form 990, Part IV, I	ine 17.	F01111 990-E2	Inters are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	·	Yes	
(i) Name and addres or entity (func		(ii) Activity	fùndr have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or fu	nount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is ex	empt from re	gistration

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Schedule G (Form 990) 2022

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FAMILY PROMISE OF HAWAII

20-2645489 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 PICNIC WITH A PROMISE	(b) Event #2	(c) Other events NONE 0	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	33,045.			33,045
	2	Less: Contributions	30,090.			30,090
	3	Gross income (line 1 minus line 2)	2,955.			2,955
	4	Cash prizes				
	5	Noncash prizes				
201100	6	Rent/facility costs				
חוו בתר באחבו ואבא	7	Food and beverages				
		Entertainment Other direct expenses				384
		Direct expense summary. Add lines 4 throug		I	I	384
		Net income summary. Subtract line 10 from	.,			
ar	t I	II Gaming. Complete if the organization				•
_		\$15,000 on Form 990-EZ, line 6a.			I	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
2	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
-						
5	4	Rent/facility costs				
		Rent/facility costs Other direct expenses				
	5		Yes %	└── Yes% └── No	└── Yes % └── No	
	<u>5</u>	Other direct expenses	└── Yes %		No	
	<u>5</u> 6 7	Other direct expenses	Yes% No	No	□ No	
	<u>5</u> 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes % No 1 5 in column (d) 7 from line 1, column (d)	No	□ No	
a	5 6 7 8 ≘nt stl	Other direct expenses	h 5 in column (d) 7 from line 1, column (d)	No	No	
a	5 6 7 8 ≘nt stl	Other direct expenses	h 5 in column (d) 7 from line 1, column (d)	No	No	
al	5 6 7 ≘nt stl f "ľ	Other direct expenses	Yes% No	No No	No	Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FAMILY	PROMISE OF HAWAII 2	0-2645	489	Page 3
11	Does the organization conduct g	aming activities	with nonmembers?		Yes	No
			e of a trust, or a member of a partnership or other entity formed			
					Yes	No
13	Indicate the percentage of gamir					
				13a		%
						%
			repares the organization's gaming/special events books and records:			
•••						
	Name					
	Address					
15a	Does the organization have a co	ntract with a thi	d party from whom the organization receives gaming revenue?		Yes	No
100	Does the organization have a co					
F	If "Yes," enter the amount of gar	mina revenue re	eived by the organization \$ and the amou	nt		
~	of gaming revenue retained by th		\$ and the amount of second s			
	If "Yes," enter name and address					
			y.			
	Namo					
	Name					
	A status a s					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employe	e Independent contractor			
17	Mandatory distributions:					
а	Is the organization required unde	er state law to m	ake charitable distributions from the gaming proceeds to			
	retain the state gaming license?			L	Yes	No No
b	Enter the amount of distributions	s required under	state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activ					
Ра			ide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Al	o provide any additional information. See instructions.			
_						
2320	83 10-27-22		S	chedule G	Form	990) 2022
			32			,

14341115 139010 1406.T

Part IV Supplemental Information (continued)	
Schedule G (Form 9	990)

232084 04-01-22

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States									2022	
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										o Public
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								•	ection	
Name of the organizati	on			-				Employer	identificati	on number
	FAMILY PR	OMISE OF 1	HAWAII							45489
Part I General In	formation on Grants a	nd Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to award the grants or assistance?									X Yes	No
	IV the organization's pro									
	d Other Assistance to I nat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21,	for any	
						(f) Method of		(1-)		
.,	ldress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of or assistand	
						,				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

FAMILY PROMISE OF HAWAII

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	47	117,477.	0.		
SECURITY DEPOSIT	39	44,275.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR MARKET RENTALS

1) FAMILY IS APPROVED FOR RENTAL BY PRIVATE LANDLORD OR RENTAL MANAGEMENT

COMPANY AND INFORMS FP PROGRAM/CASE MANAGER.

2) FP PROGRAM/CASE MANAGER CONTACTS LANDLORD OR RENTAL MANAGER TO CONFIRM

FAMILY'S APPROVAL FOR RENTAL.

3) FP PROGRAM/CASE MANAGER REQUESTS W-9 FOR AND RENTAL AGREEMENT FROM

LANDLORD OR RENTAL MANAGER. ONCE IT IS RECEIVED, EXECUTIVE DIRECTOR

PROCESSES THE CHECK FOR RENTAL ASSISTANCE PAYABLE TO LANDLORD OR RENTAL

Part IV Supplemental Information

MANAGER ON THE W-9 AND RENTAL AGREEMENT. NAMES MUST MATCH ON BOTH

DOCUMENTS.

FOR TRANSITIONAL HOUSING

1) FP PROGRAM/CASE MANAGER CONTACTS TRANSITIONAL HOUSING PROGRAM STAFF AND

REFERS FAMILY.

2) PROGRAM STAFF INTERVIEWS FAMILY AFTER THEY TURN IN APPLICATION AND

REQUIRED DOCUMENTS AND PLACES THEM ON WAITLIST.

3) PROGRAM STAFF CALLS FP PROGRAM/CASE MANAGER WHEN THERE IS AN OPENING AND

SCHEDULES ANOTHER MEETING. IF ALL IS APPROVED, FAMILY IS ACCEPTED AND

PROGRAM STAFF INFORMS FP PROGRAM/CASE MANAGER.

4) FP PROGRAM/CASE MANAGER REQUESTS W-9 FORM AND RENTAL AGREEMENT FROM

PROGRAM STAFF. ONCE IT IS RECEIVED, EXECUTIVE DIRECTOR PROCESSES THE CHECK

FOR RENTAL ASSISTANCE PAYABLE TO TRANSITIONAL HOUSING PROGRAM."

Schedule I (Form 990)

232291 04-01-22 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20-2645489

FAMILY PROMISE OF HAWAII

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXISTING COMMUNITY RESOURCES AND SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO APPROVAL AND

SUBMISSION TO THE ENTIRE BOARD OF DIRECTORS WHO ALSO REVIEW IT.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS SIGN CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE POTENTIAL CONFLICTS AT THIS POINT. WE ALSO DO NOT ALLOW ANY MEMBER OF THE ORGANIZATION TO WRITE CHECKS TO SELF. ANY BOD THAT HAS A CONFLICT WITH A DISCUSSION OR VOTING MATTER WILL RECUSE HIM/HERSELF FROM THE DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PERSONNEL COMMITTEE REVIEWS AND EVALUATES THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR. AFTERWARDS, A RECOMMENDATION IS PROVIDED TO THE BOARD WHICH IS VOTED ON BY THE ENTIRE BOARD. COMPARABLE DATA USED INCLUDE USE OF 3RD PARTY INFORMATION (I.E. ALOHA UNITED WAY), ALONG WITH MARKET RESEARCH. THE PROCESS IS DOCUMENTED IN THE PERSONNEL FILE AND PERSONNEL COMMITTEE MEETING NOTES. THIS PROCESS WAS LAST UNDERTAKEN IN 2022 TO HIRE THE NEW EXECUTIVE DIRECTOR.

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FORM 990, PART VI, SECTION C, LINE 18:

UPON REQUEST

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
FAMILY PROMISE OF HAWAII	20-2645489
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
232212 10-28-22	Schedule 0 (Form 990) 2022